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I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail with postage prepaid in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450, on

David H. Brinkman, Reg. No. 40,532

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Richard Mertens et al.

eptember 2

Serial No.:

09/965.416

Filed:

September 27, 2001

Confirmation No.: 3812 Group Art Unit:

2857

Examiner:

Morris, Andrew P.

Title:

METHOD FOR CHECKING THE CONTENT OF POCKETS IN A

BLISTER PACKAGE

Atty Docket:

KST-02

Cincinnati, Ohio 45202

September 2, 2003

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application. 1.
- 2. ____ Small Entity status is claimed.
 - X Other than a Small Entity.
- 3. The fee has been calculated as shown below:

TECHNOLOGY CENTER 2800

Page 1 of 3

(Col. 1)		·(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	5	MINUS	20	= 0	x \$9	\$0	x \$18	\$0
INDEP.	1	MINUS	3	= 0	x \$42	\$0	x \$84	\$O
FIRST PRE	SENTATIO	N OF MULT	TIPLE DEP.	+ \$135	\$0	+ \$270	\$0	
		TOTALS		TOTAL FEE	\$0	TOTAL FEE	\$O	

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

4.	Attached is a check in the sum of \$					
	Please charge my Deposit Account No. 23-3000 in the amount of \$ A duplicate copy of this sheet is attached.					

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

X No additional fee for claims is required.

(a) ____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

		,	Fee for						
		Extension	other than	Fee for					
		(months)	small entity	small entity					
		one month	\$ 110.00	\$ 55.00					
		two months	\$ 410.00	\$205.00					
		three months	\$ 930.00	\$465.00					
		four months	\$1,450.00	\$725.00					
		Attached is a check in the amount of \$ for the three month extension fee as required by 37 C.F.R. § 1.17(c).							
		If an additional extension of time is required, please consider this a petition therefor.							
	•								
		(Check and complete the next item, if applicable)							
	An extension for months has already been secured and the fee paid thereof of \$ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ OR								
			, 11						
(b)	XX	Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.							
	<u>XX</u>	If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.							
	Respectfully submitted,								
		√W(OOD, HERRON	& EVANS, L.L.P.					

David H. Brinkman Reg. No. 40,532

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K:VKST\02\Amend transmittal wpd



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Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed on May 30, 2003, please

amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Am ndments to the Drawings begin on page 5 of this paper.

Remarks/Arguments begin on page 6 of this paper.